

UNITED STATES ARMY CHAPLAIN CENTER AND SCHOOL

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ANALYSIS OF THE PHYSICIANS' ASSISTANT PROGRAM
AT THE ACADEMY OF HEALTH SCIENCES, AND A
DETERMINATION OF THE APPLICABILITY OF ITS
PRINCIPLES TO THE NEEDS OF THE CHAPLAINS CORPS

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PREFACE

This paper is written to fulfill the training objective of the block of study entitled "Techniques of Research" as required of all students attending the C-22 Course at the United States Army Chaplain Center and School, Fort Hamilton, New York. The course advance sheet states "The chaplain will collect and evaluate research material and write a research paper." The format of the paper is based on the guidance received from the book, A Manual for Writers (Fourth Edition), authored by Kate L. Turabian. My point of contact at the Chaplains School has been Chaplain Grubb. Assistance in obtaining material for this paper was received from Chaplain Polhemus at Fort Sam Houston, Texas.

The objective of this paper is to analyze the Physicians' Assistant (PA) Program at the Academy of Health Sciences and determine which, if any, aspects of this program can be incorporated into the chaplains' area of interest. Of primary concern will be an examination of the physician's assistant in his relationship to the Army doctor, in an attempt to determine if the chaplaincy can use a similar approach to develop a lay-leadership program within its ranks.

The person under consideration is the PA trainee who is an enlisted man interested in 18 months of medical training and the gaining of a Warrant Officer commission upon successful completion

of the course. In light of this, the writer's interpretation of the person to be trained for chaplain lay-leadership is an enlisted man with an MOS of 71M who desires to be an assistant chaplain with the grade of Warrant Officer. A study of the PA candidate does not lend itself to any other legitimate comparison than the one mentioned above.

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INTRODUCTION

A recent innovation by the Army Medical Department was the establishment of a Physicians' Assistant Training Program at the Academy of Health Sciences, Fort Sam Houston, Texas. This is an attempt to compensate for the critical doctor shortage the Army is experiencing at the present time. The training program gains its students from the enlisted ranks of medical personnel. These men are offered 18 months of intensified medical schooling and the awarding of a Warrant Officer commission upon graduation from the course.

The comparable man in the Chaplains Corps for consideration of similar type training is the individual with a 71M MOS. This paper will attempt to determine if there are aspects or principles of the PA program which can be advantageously applied to the chaplain areas of interest, concern and need. Can a Warrant Officer elevated from within the ranks of the Chaplains Corps and trained as a religious helper, bring to the chaplain the type of support he needs to better accomplish his mission? The following chapters will be an attempt to answer that question.

CHAPTER I

BACKGROUND OF PROGRAM

The Army community is no different from its civilian counterpart when it comes to feeling the effects of the shortage of doctors across the nation. In previous years the Army relied on the Selective Service System for the procurement of a sufficient number of physicians to staff the Army Medical Department. With the end of the draft this source of supply has come to an end, and the result is a rapidly declining rate in the number of doctors coming on active duty. The Army Medical Department foresaw the problems which the termination of the draft would bring to its ranks. In the early months of 1972 it implemented a Physicians' Assistant training program at the Academy of Health Sciences, Brooke Army Medical Center, Fort Sam Houston, Texas. The intent of this program is to create a new type of health worker who can assume some of the more routine functions of a physician. Not only will this help compensate for the doctor shortage, but it will also increase the doctor's productivity.¹

The military environment was not the place of origin for the physicians' assistant concept. It had its genesis in 1965 at the

¹Ray F. Reed, Henry A. Robinson, and Richard B. Stuart, "The Training and Role of Physicians' Assistants in the Army Medical Department," Military Medicine 138 (April 1973): 228.

Duke University Medical School. In the last 8 years over 100 such programs have either started around the country or are now in the planning stage.² This gives some indication of the magnitude of our nation's doctor shortage. One item of interest concerning these civilian programs is the fact that ex-military corpsmen are the prime subjects for training. It is estimated that more than 30,000 medically trained personnel are discharged from the armed services each year.³ Perhaps the Army Physicians' Assistant (PA) Program will be instrumental in tempting some of these men to remain on active duty. The Veterans Administration Department of Medicine and Surgery has had trained physicians' assistants working in some of its hospitals for the past 3 years.⁴ The Army's PA program appears to be patterned after that of the Veterans Administration.

²Ibid., p. 227.

³Walter C. Bornemeier, "RX for the Family Doctor Shortage," Reader's Digest, July 1970, p. 104.

⁴Veterans Administration, Circular 10-71-32, "Physician's Assistant - Guidelines for Utilization," Washington, D.C., 16 February 1971. (Mimeographed.)

CHAPTER II

DESCRIPTION OF PROGRAM

The U.S. Army Physicians' Assistant Program is open to all qualified enlisted personnel who possess a primary patient care military occupational specialty. Acceptance as a student in this very desirous training program is determined on a competitive basis. Each year just 120 men are granted the opportunity to engage in this type of training. The number of those who apply for slots at the school greatly exceeds the yearly quota. This necessitates a pre-screening of all applications in order that the field can be narrowed down to 200 men. Accomplishment of this task is achieved primarily by each applicant taking a clinical proficiency test which is administered under controlled conditions at the man's duty station.

The 200 top candidates, as determined by this test, then report on temporary duty to the Academy of Health Sciences. Here they undergo a battery of written and oral tests, and from the results the Academy faculty rank, in order of merit, the 200 applicants. This list is then sent to the Surgeon General's Office where final selection is made. Each of the 200 applicants is then notified by letter of either his acceptance or rejection in the program.⁵

⁵Reed, Robinson, and Stuart, "Training Physicians' Assistants," p. 228.

It is of interest to note that no individual wears insignia of grade while participating in the educational program. Every one of the 120 students selected for training serving below the grade of E-5 is advanced to E-5 immediately upon entry into the program. Those men who enter the program with a higher grade than E-5 retain their grade. The recognition of grade during the course of instruction is for pay purposes only. If a man fails to graduate from the Academy of Health Sciences, he retains his present grade upon release from the program.⁶

Each new group of 120 men experiences 18 months of intensified medical training. These men are divided into 2 classes of 60 each, and it is so programmed that a new class commences training every 6 months. The men are thoroughly trained as evidenced by their 3 phases of instruction. Phase I and Phase II are conducted at the Academy of Health Sciences. The first phase is 6 weeks in length, and it is primarily didactic in nature. It is basically a general introduction to the entire course of study. The second phase extends for 42 weeks. During this time the student is exposed to a combination of didactic instruction and clinical application. In this phase approximately 1,700 hours of instruction are given at the Academy by 8 different medical departments. Phase III covers a period of 24 weeks. In that block of training the student is placed on temporary duty to various Army hospitals where he puts into actual practice the didactic instruction of Phases I and II. No more than 6 students are sent to

⁶Academy of Health Sciences, U.S. Army, Fact Sheet, "Physicians' Assistant Program," p. 2. (Mimeographed.)

any one of these participating hospitals.⁷

Upon the candidate's successful completion of Phase III, he returns to the Academy where he is given final examinations. All those who successfully complete the required training are then appointed, at the time of graduation, to the status of Warrant Officer, W-1, with 2 exceptions. Individuals in the grade of E-9 at graduation time are appointed Chief Warrant Officer, W-2, as are those in the grade of E-8 who had at least 2 years in grade at the time they entered the training program. Every graduate of the Academy must agree to re-enlist or extend his enlistment to at least 2 years beyond the completion date of the course. The value of the training is enhanced by the granting of an Associate of Science Diploma from Baylor University. In addition, the program is accredited by the American Medical Association (AMA). Graduates of the school are certified as Class A Physicians' Assistants by both the AMA and the U.S. Army. The new MOS created by Department of the Army for physicians' assistants is 911A.⁸

⁷Reed, Robinson, and Stuart, "Training Physicians' Assistants," p. 228.

⁸Academy of Health Sciences, "Physicians' Assistant Program," pp. 1-2. (Mimeographed.)

CHAPTER III

PROGRAM COMPLETION AND CURRENT PROBLEMS

One of the primary job assignments of the newly graduated physicians' assistant will be with either a maneuver battalion or a combat support battalion. Recent changes in the TOE of these two types of battalions have taken away the battalion surgeon slot thus creating the need for such a person as the physicians' assistant. The Army Field Manual 8-15 describes how a PA functions in the medical platoon section of one of these battalions.

The physicians' assistant is a skilled person who is not a physician but who, by experience and formal training, has become qualified to perform certain tasks formerly undertaken only by a physician. He is assigned to a maneuver battalion and works under the command and administrative supervision of the medical platoon leader but performs his duties under the technical supervision of a medical officer in an adjacent or higher unit.⁹

It must be remembered that this is a brand new program with the first class of graduates entering the field of service just a few months ago. At this time, therefore, it is impossible to assess, with any degree of accuracy, the success or failure of this innovative experiment. I have been advised that the POI for this program is in the process of change and is not presently available. Thus far there

⁹U.S., Department of the Army, Field Manual FM 8-15, Medical Support in Divisions, Separate Brigades, and the Armored Cavalry Regiment (Washington, D.C.: The Adjutant General's Office, September 1972), p. 2-2.

are a number of unanswered questions about the functions of this new type of medical worker. His optimum length of training has not, as yet, been determined. There is still disagreement on the part of men in the medical profession as to exactly what skills should be taught to the physicians' assistant. Should he work only in field units with troops and in troop clinics? If the doctor shortage in the Army becomes more critical, should he be allowed to work on hospital wards and in clinics serving dependents and retired personnel? These questions will eventually be answered as reports come back from the field relating the degree of effectiveness of the physicians' assistants in their initial assignments.¹⁰

¹⁰Reed, Robinson, and Stuart, "Training Physicians' Assistants," p. 229.

CHAPTER IV

CONSIDERATION OF PROGRAM ADAPTATION

TO CHAPLAINS CORPS

Careful consideration has been given to the possibility of incorporating the concept of the physicians' assistant into the Army chaplain's area of interest. In my thinking, the equivalent of the PA for the chaplain would be an individual who could be called an assistant chaplain. I firmly believe this is not the primary need of the Chaplains Corps at this time, nor is it the direction I would want to see it take. We cannot equate the needs of our corps with that of the Army Medical Department. The position of assistant chaplain cannot be justified on the ground of a chaplain shortage. The retention rate of the Chaplains Corps is well over 90%, whereas that of doctors before the all volunteer Army was less than 50%. There is presently a waiting list of individuals anxious to come on active duty as chaplains. This is certainly not the case in the medical field.

The chaplain is a unique person, and no one should be allowed to come between him and the individual soldier. I am persuaded that no one can do the work of a chaplain but a chaplain in the military framework. Division of labor between a chaplain and an assistant chaplain would distort the vital role of a chaplain in the mind of

the soldier. Chaplain (COL) Charles Kriete, from the Chief of Chaplains Office, indicated on a recent visit to the United States Army Chaplain Center and School that the Warrant Officer concept is not new to the corps. He warned that in a day when all branches are fighting to maintain current strength in a diminishing Army, any favorable consideration of a Warrant Officer appointment for the Chaplaincy would, in turn, result in a loss of our E-8 and E-9 allocations. This would be a great loss, for we need those senior NCOs more than an assistant chaplain.

Two areas in which the chaplain could use some help are in the fields of fund management and that of property/supply. This would not, however, necessitate the establishment of an assistant chaplain. More responsibility could be extended to our E-8s and E-9s in their role as chaplain administrators. If these men were given positions of leadership in the above areas, then a number of chaplains operating funds and caring for property could be made free to do the job they are best qualified to do - that of being a chaplain, bringing God to man and man to God.

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